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STATE OF ARIZONA
**APPLICATION FOR CERTIFICATION
 AS A PARTICIPATING CANDIDATE**

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)



☒ Initial Application ☐ Amended Application

NAME OF CANDIDATE Mike Gleason		OFFICE SOUGHT (include Legislative District, if applicable) Corruption Commissioner	
ADDRESS (NUMBER & STREET) 14914 Antelope Dr		CITY San City West	STATE AZ
MAILING ADDRESS (if different from above) Same		CITY San City West	STATE AZ
CANDIDATE'S TELEPHONE # 623-546-6601	CANDIDATE'S FAX # 623-214-6933	CANDIDATE'S E-MAIL ADDRESS mikglea@msn.com	
CANDIDATE'S PARTY AFFILIATION (if any) Republican			
NAME OF CANDIDATE'S COMMITTEE Re-Elect Gleason 2004			
COMMITTEE'S ADDRESS 14914 Antelope Dr		CITY San City West	STATE AZ
COMMITTEE'S PHONE # 623-546-6601	COMMITTEE'S FAX # 623-214-6933	COMMITTEE'S E-MAIL ADDRESS mikglea@msn.com	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948) Lowell S Gleason			
DESIGNATED INDIVIDUAL'S ADDRESS 14914 Antelope Dr		CITY San City West	STATE AZ
DESIGNATED INDIVIDUAL'S TELEPHONE # 623-546-6601	DESIGNATED INDIVIDUAL'S FAX # 623-214-6933	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS mikglea@msn.com	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). Wells-Fargo			

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate _____ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Date: _____
 Candidate's signature: _____